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PTO/SB/05 (03-01)

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. 501.43771X00
		First Inventor Masaaki TANIZAKI et al.
Title	MAP INFORMATION SUPPLY DEVICE FOR MOBILE UNITS	
		Express Mail Label No.

APPLICATION ELEMENTS <i>SEE MPEP chapter 600 concerning patent application contents.</i>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents POB 1450 Alexandria, Virginia 22313-1450
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|--|---|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
<i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.
See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification <i>[Total Pages: 29]</i>
 -Descriptive title of the invention (or title page)
 -Cross Reference to Related Applications
 -Statement Regarding Fed sponsored R & D
 -Reference to sequence listing, a table, or a computer program listing appendix
 -Background of the Invention
 -Brief Description of the Drawings (<i>if filed</i>)
 -Detailed Description
 -Claim(s)
 -Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Formal Drawing(s)(35 U.S.C. 113) <i>[10 Shts.: Elgs 1-10B]</i></p> <p>5. Oath or Declaration <i>[Total Pages: _____]</i>
 a. <input type="checkbox"/> Newly executed (original or copy)
 b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))
 <i>(for continuation/divisional with Box 18 completed)</i>
 i. <input type="checkbox"/> DELETION OF INVENTOR(S)
 Signed statement attached deleting inventor(s)
 Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
 ii. <input checked="" type="checkbox"/> FILED WITHOUT DECLARATION</p> <p>6. <input type="checkbox"/> Application Data Sheet (See 37 CFR §1.76)</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission
<i>if applicable, all necessary</i>
 a. <input type="checkbox"/> Computer Readable Form (CRF)
 b. Specification Sequence Listing on:
 i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or
 ii. <input type="checkbox"/> paper
 c. <input type="checkbox"/> Statements verifying identity of above copies</p> |
|--|---|

- | | |
|---|--|
| ACCOMPANYING APPLICATION PARTS | |
| <p>9. <input type="checkbox"/> Assignment(s)/Recordation Cover Form(s) PTO-1595</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney
<i>(when there is an assignee)</i> <input type="checkbox"/> (In Declarations)</p> <p>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of Refs.</p> <p>13. <input checked="" type="checkbox"/> Claim(s) for Priority</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
<i>(Should be specifically itemized)</i></p> <p>15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s)
<i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: Form PTO-2038 (Fee Code 1001)</p> | |

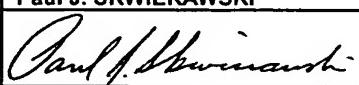
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Division Continuation-in-part (CIP) of prior application No. filed

Prior application information: Examiner: Group Art Unit: Confirmation No.:

CONTINUATION/DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer No./Bar Code Label	020457 <i>(Insert Customer No./Attach bar code label here)</i>		or <input type="checkbox"/> Correspondence address below	
Name	ANTONELLI, TERRY, STOUT & KRAUS, LLP			
Address				
City	State		Zip Code	
Country	Telephone	703-312-6600	Fax	703-312-6666
Name	Registration No. (Attorney/Agent)			32,173
Signature				Date 20 April 2004

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U.S. PTO

PTO/SB/17 (10-01)

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$770.00)

Complete if Known	
Application Number	Unassigned
Filing Date	20 April 2004
First Named Inventor	Masaaki TANIZAKI et al.
Examiner Name	Unassigned
Group Art Unit	Unassigned
Attorney Docket No.	501.43771X00

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge DEFICIENCIES indicated to:
 Deposit Account Number 01-2135
 Deposit Account Name ATS&K
 Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
 Applicant Claims small entity status.
 See 37 CFR 1.27

2. Payment Enclosed: Check Credit Card Money Order Other

FEE CALCULATION

2. BASIC FILING FEE

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)

\$770.00

1. EXTRA CLAIM FEES

Total Claims	3-20**	=	00	x\$18	=	\$00	Fee from below	Fee Paid
Indep. Claims	13-3**	=	00	x\$ 86	=	\$00		
Multiple Dependent							=	

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
1201	18	2201	9	Claims in excess of 20
1202	86	2202	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65 Surcharge – late filing fee or oath	
127	50	227	25 Surcharge – late provisional filing fee or cover sheet	
139	130	139	130 Non-English specification	
147	2,520	147	2,520 For filing a request for ex parte reexamination	
112	920*	112	920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*Requesting publication of SIR after Examiner action	
115	110	215	55 Extension for reply within first month	
116	400	216	200 Extension for reply within second month	
117	920	217	460 Extension for reply within third month	
118	1,440	218	720 Extension for reply within fourth month	
128	1,960	228	980 Extension for reply within fifth month	
119	320	219	160 Notice of Appeal	
120	320	220	160 Filing a brief in support of an appeal	
121	280	221	140 Request for oral hearing	
138	1,510	138	1,510 Petition to institute a public use proceeding	
140	110	240	55 Petition to revive – unavoidable	
141	1,280	241	640 Petition to revive – unintentional	
142	1,280	242	640 Utility issue fee (or reissue)	
143	460	243	230 Design issue fee	
144	620	244	310 Plant issue fee	
122	130	122	130 Petitions to the Commissioner	
123	50	123	50 Processing fee under 37 CFR 1.17(q)	
126	180	126	180 Submission of Information Disclosure Stmt	
581	40	581	40 Recording each patent assignment per property (times number of properties)	
146	740	246	370 For each additional invention to be examined (37 CFR § 1.129(a))	
149	740	249	370 For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370 Request for Continued Examination (RCE)	
169	900	169	900 Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$00

**or number previously paid, if greater; For Reissues, see above.

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Paul J. SKWIERAWSKI	Registration No. (Attorney/Agent)	32,173	Telephone 703-312-6600
Signature				Date 20 April 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.